

Filed for intro on 02/06/95  
Senate Bill \_\_\_\_\_  
By \_\_\_\_\_

House No. HB0592  
By Pruitt

AN ACT amend Tennessee Code Annotated, Title 68, Chapter 1,  
relative to prevention and treatment of osteoporosis.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1.

(a) Tennessee Code Annotated, Title 68, Chapter 1, is amended by adding Sections 1(b) through 4 of this act as a new, appropriately designated part:

(b) This act shall be known and may be cited as the "Osteoporosis Prevention and Treatment Education Act".

SECTION 2.

(a) The general assembly hereby finds the following:

(1) Osteoporosis, a bone-thinning disease, is a major public health problem that poses a threat to the health and quality of life to as many as 25 million Americans;

(2) The 1.5 million fractures each year that result from osteoporosis cause pain, disability, immobility and social isolation, affecting quality of life and threatening people's ability to live independently;

(3) Because osteoporosis progresses silently and without sensation over many years, and many cases remain undiagnosed, its first symptom is often a fracture, typically of the hip, spine or wrist;

(4) One of every two (2) women and one of every five (5) men will suffer an osteoporotic fracture in their lifetime;

(5) A woman's risk of hip fracture is equal to her combined risk of breast, uterine and ovarian cancer;

(6) The annual direct and indirect costs of osteoporosis to the health care system were estimated to be as high as \$18 billion in 1993, and are expected to rise to \$60 - \$80 billion by the year 2020;

(7) Since osteoporosis progresses silently and currently has no cure, prevention, early diagnosis and treatment are key to reducing the prevalence of and devastation from this disease;

(8) Although there exists a large quantity of public information about osteoporosis, it remains inadequately disseminated and not tailored to meet the needs of specific population groups;

(9) Most people, including physicians, health care providers and government agencies, continue to lack knowledge in the prevention, detection and treatment of the disease;

(10) Experts in the field of osteoporosis believe that with greater awareness of the value of prevention among medical experts, service providers and the public, osteoporosis will be preventable and treatable in the future, thereby reducing the costs of long-term care;

(11) Osteoporosis is a multi-generational issue because building strong bones during youth and preserving them during adulthood may prevent fractures in later life; and

(12) Educating the public and health care community throughout the state about this potentially devastating disease is of paramount importance and is in every respect in the public interest and to the benefit of all residents of the state of Tennessee.

(b) By this enactment, it is the intent of the general assembly to:

(1) Create and foster a multi-generational, statewide program to promote public awareness and knowledge about the causes of osteoporosis, personal risk factors, the value of prevention and early detection and the options available for treatment;

(2) Facilitate and enhance knowledge and understanding of osteoporosis by disseminating educational materials, information about research results, services and strategies for prevention and treatment to patients, health professionals and the public;

(3) Utilize educational and training resources and services that have been developed by organizations with appropriate expertise and knowledge of osteoporosis and to use available technical assistance;

(4) Evaluate existing osteoporosis services in the community and assess the need for improving the quality and accessibility of community-based services;

(5) Provide easy access to clear, complete and accurate osteoporosis information and referral services;

(6) Educate and train service providers, health professionals and physicians;

(7) Heighten awareness about the prevention, detection and treatment of osteoporosis among state and local health and human service officials, health educators and policy makers;

(8) Coordinate state programs and services to address the issue of osteoporosis;

(9) Promote the development of support groups for osteoporosis patients and their families and caregivers; and

(10) Adequately fund these programs; and

(11) Provide lasting improvements in the delivery of osteoporosis health care, thus providing patients with an improved quality of life and society with the containment of health care costs.

### SECTION 3.

(a) The commissioner of the department of health shall:

(1) Assure adequate staffing for implementation of the osteoporosis prevention and treatment education program;

(2) Assure appropriate training for osteoporosis prevention and treatment education program staff;

(3) Identify the appropriate entities to carry out the program;

(4) Base the program on the most up-to-date scientific information and findings;

(5) Work to improve the capacity of community-based services available to osteoporosis patients;

(6) Work with governmental offices, community and business leaders, community organizations, health care and human service providers and national osteoporosis organizations to coordinate efforts and maximize state resources in the areas of prevention, education and treatment of osteoporosis; and

(7) Identify and, when appropriate, replicate or use successful osteoporosis programs and procure related materials and services from organizations with appropriate expertise and knowledge of osteoporosis, as described in Section 3(b)(8)(A) and (B).

(b) The department of health shall establish, promote and maintain an osteoporosis prevention and treatment education program in order to raise public awareness, educate consumers, educate and train health professionals, teachers and human services providers, and for other purposes.

(1) The department shall use, but is not limited to, the following strategies for raising public awareness of the causes and nature of osteoporosis, personal risk factors, value of prevention and early detection and options for diagnosing and treating the disease:

(A) An outreach campaign utilizing print, radio and television public service announcements, advertisements, posters and other materials;

(B) Community forums;

(C) Health information and risk factor assessment at public events;

(D) Targeting at-risk populations;

(E) Providing reliable information to policy makers; and

(F) Distributing information through county health departments, schools, area agencies on aging, employer wellness programs, physicians, hospitals and health maintenance organizations, women's groups, non-profit organizations, community health agencies, community-based organizations and departmental regional offices.

(2) The department shall use, but is not limited to, the following strategies for educating consumers about risk factors, diet and exercise, diagnostic procedures and their indications for use, risks and benefits of drug therapies currently approved by the U.S. food and drug administration, environmental safety and injury prevention and the availability of diagnostic, treatment and rehabilitation services:

(A) Identify and obtain educational materials, including brochures and videotapes which translate accurately the latest scientific information on osteoporosis in easy-to-understand terms;

(B) Build a statewide capacity to provide information and referral on all aspects of osteoporosis, including educational materials and counseling;

(C) Establish state linkage with an existing toll-free hotline for consumers;

(D) Facilitate the development and maintenance of osteoporosis support groups; and

(E) Conduct workshops and seminars for lay audiences.

(3) The department shall use, but is not limited to, the following strategies for educating physicians and health professionals and training community service providers on the most up-to-date, accurate scientific and medical information on osteoporosis prevention, diagnosis and treatment, therapeutic decision-making, including guidelines for detecting and treating the disease in special populations, risks and benefits of medications and research advances:

(A) Identify and obtain education materials for the professional which translates the latest scientific and medical information into clinical applications;

(B) Raise awareness among physicians and health and human services professionals as to the importance of osteoporosis prevention, early detection, treatment and rehabilitation;

(C) Identify and use available curricula for training health and human service providers and community leaders on osteoporosis prevention, detection and treatment;

(D) Provide workshops and seminars for in-depth professional development in the field of the care and management of the patient with osteoporosis;

(E) Conduct a statewide conference on osteoporosis at appropriate intervals.

(4)

(A) The department shall conduct a needs assessment study to identify:

(i) Research being conducted within the state;

(ii) Available technical assistance and educational materials and programs nationwide;

(iii) The level of public and professional awareness about osteoporosis;

(iv) Needs of osteoporosis patients, their families and caregivers;

(v) Needs of health care providers, including physicians, nurses, managed care organizations and other health care providers;

(vi) Services available to the osteoporosis patient;

(vii) Existence of osteoporosis treatment programs;

(viii) Existence of osteoporosis support groups;

(ix) Existence of rehabilitation services; and

(x) Number and location of bone density testing equipment.

(B) Based on the needs assessment study, the department shall develop and maintain a list of osteoporosis-related services and osteoporosis health care providers with specialization in services to

prevent, diagnose and treat osteoporosis. This list shall be disseminated with a description of diagnostic testing procedures, appropriate indications for their use, drug therapies currently approved by the U.S. food and drug administration and a cautionary statement about the current status of osteoporosis research, prevention and treatment. Such a statement shall also indicate that the department does not license, certify or in any way approve osteoporosis programs or centers in the state.

(5)

(A) The department shall establish an interagency council on osteoporosis. The commissioner of the department of health shall chair the interagency council. The council shall include representatives from appropriate state departments and agencies including, but not limited to: the commission on aging; the department of health, office of TennCare; the department of education; and the department of human services.

(B) The council shall:

(i) Coordinate osteoporosis programs conducted by or through the department;

(ii) Establish a mechanism for sharing information on osteoporosis among all officials and employees involved in carrying out osteoporosis-related programs;

(iii) Review and coordinate the most promising areas of education, prevention and treatment concerning osteoporosis;

(iv) Assist the department and other offices in developing and coordinating plans for education and health promotion on osteoporosis;



(v) Establish mechanisms to use the results of research concerning osteoporosis in the development of relevant policies and programs; and

(vi) Prepare a report that describes educational initiatives on osteoporosis sponsored by the state and makes recommendations for new educational initiatives on osteoporosis, and transmit the report to the state legislature and make the report available to the public.

(C) The interagency council on osteoporosis shall establish and coordinate an advisory panel on osteoporosis which shall provide non-governmental input regarding the osteoporosis prevention and treatment education program.

(I) Membership shall include, but is not limited to, persons with osteoporosis, women's health organizations, public health educators, osteoporosis experts, providers of osteoporosis health care, persons knowledgeable in health promotion and education and representatives of national osteoporosis organizations or their state/regional affiliates.

(8)

(A) The department may replicate and use successful osteoporosis programs and enter into contracts and/or purchase materials or services from organizations with appropriate expertise and knowledge of osteoporosis for such services and materials as, but not limited to, the following:

(i) Educational information and materials on the causes, prevention, detection, treatment and management of osteoporosis;

- (ii) Training of staff;
- (iii) Physician and health care professional education and training, and clinical conferences;
- (iv) Conference organization and staffing;
- (v) Regional office development and staffing;
- (vi) Nominations for advisory panels;
- (vii) Support group development;
- (viii) Consultation;
- (ix) Resource library facilities;
- (x) Training home health aides and nursing home personnel; and
- (xi) Training teachers.

(B) The department may enter into an agreement(s) to work with a national organization(s) with expertise in osteoporosis to establish and staff office(s) of that organization in the state to implement parts of the osteoporosis program.

#### SECTION 4.

(a) The commissioner may accept grants, services and property from the federal government, foundations, organizations, medical schools and other entities as may be available for the purposes of fulfilling the obligations of this program.

(b) The commissioner shall seek any federal waiver or waivers that may be necessary to maximize funds from the federal government to implement this program.

SECTION 5. This act shall take effect July 1, 1995, the public welfare requiring it.

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